

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/242561**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		12				
5		10				
6		10				
7		10				
8	1					
9		1				
10		1				
11		1				
12		12				
13	1					
14		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.		12				
TOTAL CLAIMS	2	12				

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
53								
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TOTAL IND.								
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TOTAL CLAIMS								